	PLACE OF DEATH	STATE OF MARYLAND
1	ounty Garrett Co	CERTIFICATE OF DEATH
1/	ounty and out of	Registered No. 166
/ `	"FULL NAME Mary Chyabeth	St; Ward) [if death occurred in a hospital or institution, give its NAME lostead et street and nomber.]
-	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
s le	male White be word)	(Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
e 5	July 9th 1936	24-17-, 1915, to 5-5-, 1915.
	75 yrs 7 mos, 28 ds. or min.?	and that desth occurred on the date stated above, st // +5 4 m. The CAUSE OF DEATH* was as follows:
pa (b) bus wh) Trade, profession, or rilcular kind of work. General nature of industry, inness, or establishment in inch employed (or employer)	(Deration) 3 yrs. mos. ds.
	10 NAME OF FATHER LUNCKY T. Bailey 11 BIRTHPLACE (State or country) Wat Many Land	(Secondary) (Deration) (Signed) (Signed) (Address) (Address) (Signed) (Signed) (Signed) (Address)
PARENTS	12 MAIDEN NAME OF MOTHER WITH AND WITH	*State the DIBEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS) At place in the of death yrs, mos, ds.
	(informant) Sel Bally	Where was disease contracted, If not at place of death? Former or usual residence
1 6	ed May 6th, 1815 M. S. L. REGISTRAR	20 UNDERTAKER LE BOLDEN ADDRESS ADDRESS Apriland, Med
	If more blanks are needed, address State Registrat	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. Care should be taken to report specifically the occupations the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer ness of various pursuits can be known. The question duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; applies to each and every person, irrespective of age tion is very important, so that the relative healthfuiwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illheen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. As examples: essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salcsman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (0)

Statement of cause of death—Name, first, the disease causer of cause of death—Name, first, the disease causation with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease); Tobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin

scpsis, tctanus) may be stated under the head of such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. mus," "Old Age," "Shock," "Uraemia," "Weakness," cause of death approved by Committee on Nomencla-"Contributory." (Recommendations on statement of injury, as fracture of skuil, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-acci-LENT DEATHS State MEANS OF INJUBY and qualify as which surgical operation was undertaken. For vicchildbirth or miscarriage. as "Puerperal septichaeetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopncumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of .. ture of the American Medical Association.) ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably The contributory Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion, (secondary or intercurrent) (name origin; "Can State cause for Examples:



stated EXACTLY. PHYSICIANS should state i. Exact statement of OCCUPATION is very PERMANENT of information should be carefully supplied. AGE should be st DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. UNFADING INK-THIS IS PLAINLY, WITH N. B.—Every Item of Information should be CAUSE OF DEATH in plain terms.

Importent.

RECORD



STATE OF MARYLAND CERTIFICATE OF DEATH

Registered No.

St;Ward)

[It death occurred in a hospitat or Institution, give its NAME instead

FULL NAME Odeon	of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, ENDIVORCED (Wrife the word)	16 DATE OF DEATH May 70, 1915, (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
(Mogth) (Day) (Year)	that I last saw halive on
7 AGE If LESS than t day,hrs. ORmin.?	and that death occurred on the date stated above, at
© OCCUPATION (a) Trade, profession, or particular kind of work	
(b) General nature of industry, business, or establishment in which employed (or employer)	
9 BIRTHPLACE (State or country)	(Secondary)
10 NAME OF Pely Bower	(Signed) (Deration) yrs mos ds.
N 11 BIRTHPLACE C (State or country) (State or country)	Affly M., 1913. (Address) Orceived 1108
12 MAIDEN NAME /	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HORPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos, ds.
(Informant) Reter Buch	Where was disease contracted, if not at place of death?
(Address) My Jenny Mil	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL M. Henry May V 1 1915
Filed May 27, 1915 Marie S. White	20 UNDERTAKER & Bolden Dayle & Mal

If mere blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

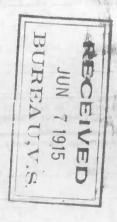


[Approved by U. S. Census and American Public Health Association.]

Grocery; (a) Foreman, (b) Automobile factory. cases, especially in Industrial employments, it is neccated thus: Farmer (retired 6 yrs.). For persons duties of the household only (not pald Housekeepers the nature of the business or Industry, and therefore an first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age tion is very important, so that the relative healthful-CAUSING DEATH, state occupation at beginning of illheen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question who have no occupation whatever, write None. For many occupations a single word or term on the Statement of occupation-If retired from business, that fact may be indl-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salcsman, (b) return "Laborer," -Precise statement of occupa-As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Tneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

mia," "Tuerperal peritonitis," etc. State cause for scpsis, tctanus) may be stated under the head such, if impossible to determine definitely. childblrth or miscarriage, as "Puerperal scptichaccause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), thenia." "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 de.; valvular heart disease; Chronic interstitial nephritis nant neopiasms); Measles; Whooping cough; Chronic cer" is icss definite; avoid use of "Tumor" for malls: ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." (Recommendations on statement of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important: oma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) "Dropsy," "Exhaustion, (name origin; "Can Examples: 01



No. 1. υż

PHYSICIANS should state of OCCUPATION IS very RECORD Exact statement A PERMANENT stated EXACTLY. carefully supplied. ACE should be st that it may be properly classified. UNFADING INK-THIS IS DEATH in plain terms, so that it m See instructions on back of certificate. PLAINLY, WITH of information should be DEATH in plain WRITE N. B.-Every Item CAUSE OF important.

6630

1 PLACE OF DEATH

ee fack, R.L

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.;----Ward)

fit death occurred in a hospital or Institution, give its NAME instead of street and nomber.]

FULL NAME	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jenuary While (Ground Road)	16 DATE OF DEATH May 10, 1915 (Month) (Day (Year)
Temary While (Write the word)	17 I HEREBY CERTIFY, That I attended decessed from
6 DATE OF BIRTH	
(Month) (Day (Year)	that I last saw ham alive on
TAGE If LESS than	and that destinated on the data stated above, at
yrsds. 1 day,hrs. 0Rmin. ?	The CAUSE OF DEATH * was as follows:
BOCCUPATION	
(a) Trade, profession, or particular kind of work	
(b) General nature of industry.	·
business, or establishment in which employed (or employer)	(Ouration) yrs mos. ds.
State or country) Garren Co Mac	**Contributory Secondary
10 NAME OF)	(Duration) yrs mos os.
FATHER Bruce & Brown	(Signed) M. O.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent
Maiden Name	CAUSES, State (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
a May But man,	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country)	At place in the of death yrs. mos. ds. State yrs mos. ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,
(Informant) B. J. Browning	If not at place of death?
(11101111111)	usual residence
(Address) - College Mec	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15	Thay will may 17 th, 1915
Filed May 17, 1915 Nacland Jones	20 UNDERTAKER ADDRESS
REGISTRAR	Solfware Oaklung

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. eated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illshould be taken to report speelfically the occupations who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. statement. Never return "Laborer," "Foreman," been changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the If the occupation has As examples:

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculsis of lungs, meninges, peritonaeum, etc., Carcin-

childbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for eause. Always qualify all diseases resulting from "Ileart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," theuia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Mcasics (disease eausing death), 29 ds.; valvular heart discase; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomencla-".Contributory." scpsis, tctanus) may be stated under the head by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) (Recommendations on statement of For VIO-



STATE OF MARYLAND

1 PLACE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illheen changed or given up on account of the DISEASE Kervant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekecepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second statement. Never return "Laborer," "Foreman," the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the

Statement of cause of death—Name, first, the dibease causing death—Name, first, the dibease causing death—Name, first, the dibease causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid neumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubereulosis of lungs, meninges, peritonaeum, etc.. Carein-

sepsis, tetanus) may be stated under the head of such, if impossible to determine definitely. inus," "Old Age," "Shock," "Uraemia," "Weakness," ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver second of head-homicide; Potsoned Accidental drowning; Struck by railway train-acci-LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. cbildbirth or miscarriage. as "Puerreran septichaeetc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic cer" is icss definite; avoid use of "Tumor" for mallg-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably cause. "Heart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report oma. Sarcoma. etc., of .. The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can-State cause for Examples:



-Every Item of Information should be earefully supplied. AGE should be stated EXACTLY. PHYSICIANG should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT BINDING FOR RESERVED MARGIN F. S. No. 1. N. B.

PLACE OF DEATH 6625	STATE OF MARYLAND		
County Garrett, Ind	CERTIFICATE OF DEATH		
County	Registered No. /67		
Village or City Yomania William	St.; Ward) [If death occurred in a hospital or lostitution, give its NAME lostead		
FULL NAME Amanda	ignar et street aod numbor.]		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
Sex COLOR OR RACE SINGLE, MARRIED, MARVIEL OF BOUVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY. That I attended decessed from		
6 DATE OF BIRTH (Month) (Day) (Year)	May 27th, 1915, to May 28th, 1915, that I last saw her alive on May 28, 1915		
7 AGE It LESS than	and that death occurred on the date stated above, at 12.9m,		
35 yrs. / mos. ds. ds, or min. ?	The CAUSE OF DEATH & was as follows:		
© OCCUPATION (a) Trade, protession, or particular kind of work. **Months of the control of the			
(b) General nature of industry, business, or establishment in which employed (or employer) Aduse Wife	(Duration) yrs toos. os.		
9 BIRTHPLACE (State or country) W. Neu	(Secondary) (Secon		
10 NAME OF FATHER andrew Kaylor	(Signed) W. S. Drinkwater M. D.		
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	*Cate the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.		
of Mother Latherine Miles	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)		
13 BIRTHPLACE OF MOTHER (State or country) W(Var	At place In the of death yrs. mos. ds. State yrs, mos. ds.		
(Interment) W. H. Strucker	If not at place of death?		
(Address) Gomania Wola,	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Limania leika men 30, 191 5		
Filled May 31", 1815 J. W. Abernathy REGISTRAR	20 UNDERTAKER ADDRESS Heard Growledt Gomanny lek in		
If more blanks are needed, address State Registrs	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.		



[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not pald Housekeepers "Manager," "Dealer," etc., without more precise speciwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not mine, etc. fication, as Day laborer, Farm laborer, Laborer statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who receive a definite salary), may be entered as (a) Spinner, (b) Cotton mill; (a) Salesman, (b) essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

childbirth or miscarriage, as "PUERPERAL septichaeture of the American Medicai Association.) injury, as fracture of skuil, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJUSY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. cause. Always qualify all diseases resulting from mus," "Old Age," "Shock," "Uraemla," "Weakness," cause of death approved by Committee on Nomencia-"Contributory." sepsis, tetanus) may be stated under the head of dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway trainetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenitai," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convuisions," "Debliity" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Chronio interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of . The contributory (secondary or intercurrent) (Recommendations on statement of (name origin; "Can-State cause for Examples:



PLACE OF DEATH	STATE OF MARYLAND
county Garrett, Ind, 60	CERTIFICATE OF DEATH
County	Registered No. 167
Village or City Gamana pluke (No	St.; Ward) [If death occurred a hospital or Institution give its NAME inste
FULL NAME Coult Digm	ef street and number.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Hemale While (Write the word)	16 DATE OF DEATH May 2 27%, 1915 (Month) (Day) (Year) 17 Ma I HEREBY CERTIFY, That I attended deceased fro
6 DATE OF BIRTH May 27 , 1915 (Year)	that I last saw h allve on Still Born, 1915
7 AGE Slill-bom. 11 LESS than 1 day,	and that death occurred on the date stated above, at 129 n The GAUSE OF DEATH* was as follows:
(a) Trade, protession, or particular kind et work. (b) General nature of industry, business, or establishment in which employed (or employer) SIRTHPLACE (State or country)	(Ouration) yrs mos d Contributory (Secondary)
10 NAME OF James Hoys Dryman	(Signed) We're Dinbucter', M.
11 BIRTHPLACE OFFATHER (State or country) 12 Maiden Name OF Mother Amanda Kaula	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER	18 LENGTH OF RESIDENCE (FOR HOSPITALE, INSTITUTIONS, TRANSIENT OR RECENT RESIDENTS) At place Is the
(State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Informant)	of death yrs. mos. ds. State yrs. mos. d Where was disease contracted, If not at place of death? Former or usual residence.
(Address) Comania Wive.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL May 30 , 191 5 20 UNDERTAKER ADDRESS
Filed,191 REGISTRAR	Hearld Cronhall Gomana ya ar, 6 E. Franklin St., Balto, Requesting V. S. No. 1.



[Approved by U. 8. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborercated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. mine, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the disease Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples: For persons (6)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e.g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. childbirth or miscarriage, as "PUERPERAL septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important valvular heart disease; Chronic interstitial nephritis. cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) "Contributory." Accidental drowning; Struck by railway trainwhich surgical operation was undertaken. mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing nant neoplasms); Measles; Whooping cough; Chronio oma. Sarcoma. etc., of . The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Candeath), 29 State cause for Never report Examples:





[Approved by U. S. Census and American Public Health Association.]

know (a) the kind of work and also (b) the nature of the cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many cases, business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. engaged in domestic service for wages, as Servant, Cook employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton first line will be sufficient, c. g., Farmer or Planter, Physiness of various pursuits can be known. The question tion is very important, so that the relative healthfulwrite None. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons is provided for the latter statement; it should be used business or industry, and therefore an additional line For many occupations a single word or term on the applies to each and every person, irrespective of age. -Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, If retired from "Laborer,"

Jever Lobar pneumonia, Bronchopneumonia (inqualified, is indefinite); Tuberculosis of lungs, menting BUREAU, V.S. spinal meningitis"); Diphtheria (avoid use of "Croup" Typhoid fever (never report "Typhoid pneumonia" CAUSING DEATH (the primary affection with respect to time and causation), Statement of Cause of Death-Name, first, the DISEASE (the only definite synonym is "Epidemic cerebra for the same disease. Examples: using always the same accepted Cerebrospina

"Anaemia" (merely symptomatic), "Atrophy," :"Collapse," "Conna," "Convulsions," "Debility" ("Conges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of..... on statement of cause of death approved by Committee under the head of "Contributory." and consequences (e. g., scpsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by carbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths mus," "Old Age," "Shock," "Uraemia," "Weakness, symptoms or terminal conditions, such as "Asthenia, chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important nephritis, etc. The contributory (secondary or intercurcough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping on Nomenclature of the American Medical Association.) Struck by railway train-accident; Revolver wound "PUERPERAL peritonitis," etc. State cause for which birth or miscarriage as "PUERPERAL septichaemia," cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition,". "Marasgcnital," "Senile," etc.), "Dropsy," (name origin; "Cancer" is less definite; avoid use of Never report mere (Recommendations "Exhaustion,

tions answered in detail, it will prevent further correspondthe certificate is permanently filed. ence. All the data is essential and must be obtained before If this certificate is looked over thoroughly and all ques-

RECEIVED 5 2

BUREAU, V.S. RECEIVED SEP 1 5 1915

N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in piain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD FOR BINDING MARGIN RESERVED

County Jones	STATE OF MARYLAND CERTIFICATE OF DEATH		
	Registered No. 100		
Village or City M Henry (No,	St; Ward) [It death occurred in a hospital or institution give its NAME instead of street and number.]		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
S SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, WIDOWCCE (Wrize the word) S DATE OF BIRTH (Month) (Day) (Tear)	16 DATE OF DEATH (Month) (Day) (Year) 1 HEREBY CERTIFY, That I attended deceased from 1910, to More 1910 that I last saw have allow on Mary 1915		
(Month) (Day) (Year) 7 AGE I1 LESS than 1 day,hrs. 0Rmin.?	and that death occurred on the date stated above, stm. The CAUSE OF DEATH* was as follows:		
particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) **BIRTHPLACE** (State or country) 10 NAME OF FATHER Javan 11 BIRTHPLACE (11 BIRTHPLACE)	Contributory (Secondary) (Deration): grs. mos. cs. (Signed) M. G. (Address) Oaccook		
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from Violent CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place is the		
(Informant) Deven Struction (Address)	Where was disease contracted, It not at place of death? Former or usual residence		
Filed May 10 th, 191 M. S. White, REGISTRAR	McKenny May 10, 1915 20 UNDERTAKER Bolden Dasland Md.		
If mere blanks are needed, address State Registra	r, 6 E. Franklin St., Balte., Requesting V. S. No. 1.		

[Approved by U. S. Census and American Public Health Association.]

cases, especially in industrial employments, it is neccated thus: Farmer (retired 6 yrs.). For persons ness. If retired from husiness, that fact may be indi-CAUSING DEATH, state occupation at heglining of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication, as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second statement. Never return "Lahorer," "Foreman," (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The it should he used only when needed. additional line is provided for the latter statement; the nature of the husiness or industry, and therefore an Civil engineer, Stationary freman, etc. But ln many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can he known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. Scrvant, Cook, Housemaid, etc. If the occupation has who receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise speciessary to know (a) the kind of work and also (b) For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-.\s examples:

Statement of cause of death—Name, first, the DISMASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid peumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carein-

sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of childbirth or miscarriage, as "Purrperal septichaemus," "Old Age," "Shock," "Uraemla," "Weakness," thonla," "Anaemia" (merely symptomatic), "Atrophy," ture of the American Medical Association.) cause of death approved by Committee on Nomencialnjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicidc. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vicmia," "PUERPERAL peritonitis," etc. cause. Always qualify all diseases resulting from etc., when a definite disease can he ascertained as the "Heart fallure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhanstion," "Collapse." "Coma," "Convulsions," "Dehility" ("Conmere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mailsoma. Sarcoma. etc., of ... ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) (name origin; "Can State cause for

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED
JUN 7 1915
BUREAU, V.S.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSIGIANS should state GAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. A PERMANENT REGORD BINDING WRITE PLAINLY, WITH UNFADING INK-THIS IS FOR RESERVED MARGIN

1 PLACE OF DEATH	STATE OF MARYLAND
County Garrett 6629	CERTIFICATE OF DEATH
County Arrest	Registered No. 166
Village or City Dalland (No. And Dail	St; Ward) [It death occurred in a hospital or institution, give its NAME instead et atreet and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male 4 COLOR OR RACE SINGLE, Single MARRIED, WIDOWED, ORDIVORCED (Write the word)	Month (Day) (Year)
© DATE OF BIRTH Cofficient 21, 1902 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended deceased from
7 AGE 1 day,	and that death occurred on the date stated above, atm, The CAUSE OF BEATH * was as follows:
a) Trade, protession, or particular kind of work. (b) General nature of Industry, business, or establishment in	White is Swampy (Operation) (P) yrs. mos. 63.
which employed (or employer) BIRTHPLACE (State or country) West-Va	(Secondary) (Baratian)
10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 14 MAIDEN NAME OF MOTHER	(Signed) , M. D. (Signed) , M. D. (State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
OF MOTHER Lettie & Kelly 13 BIRTHPLACE OF MOTHER (State or country) West Va	At place
(Informant)	Where was disease contracted, It not at place of death? Former or usual residence
(Address) assland Ind	Deria Alta, Co. Va, may 27, 1915
FIRED May V6, 1915 Navand & Some	20 UNDERTAKER ADDRESS DE. Balder Oakland
If more blanks are needed, address State Registrar	, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illheen changed or given up on account of the disease of persons engaged in domestic service for wages, should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Scrvant, Cook, Housemaid, etc. If the occupation has who receive a definite salary), may be entered as material worked on may form part of the second the nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic ceretrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

ture of the American Medicai Association.) cause of death approved by Committee on Nomencia. scpsis, tetanus) may be stated under the head of such, if impossible to determine definitely. "Contributory." (Recommendations on statement of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-LENT DEATHS state MEANS OF INJUSY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Purreral septichac. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion, "Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Meastes (disease causing death), 29 ds. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably "Heart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. nant neopiasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for maligvalvular heart disease; Chronic interstitial nephritis. oma. Sarcoma. etc., of The contributory Aiways qualify all diseases resulting from (secondary or intercurrent) (name origin; "Can State cause for Examples:



1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registered No Ilt death occurred le a hospital or institution. give its NAME instead of street and number. ? MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH 3 SEX 4 COLOR OR RACE MARRIED. PERMAN WIDOWED, (Month) Write the word) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH that I last saw h..... alive on ... (Month) (Day) (Year) 7 AGE It LESS than and that death occurred on the date stated above, at 1 day,hrs. OR min. ? BOCCUPATION AGE (a) Trade, profession, or particular kind of work.... (b) General nature of Industry. business, or establishment In (Doration)yrs... which amployed (or employer) Contributory 9 BIRTHPLACE (State or country) (Secondary) 10 NAME OF FATHER 80 ō 11 BIRTHPLACE terms, (State or country) AREN *State the DISEASE CAUSING DEATH, or, 4th deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL, plain OF MOTHER Instructions Information 18 LENGTH OF RESIDENCE (FOR HOSPITALS. INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE = At place In the OF MOTHER ot death _____ yrs. ____ mos. ___ (State or country State yrs. _____ EATH Where was disease contracted. See If not at place et death? 9 Former or Item OF osual residence mportant. Every It 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 1.5 ADDRESS If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indiof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers statement. applies to each and every person, irrespective of age. who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of iilheen changed or given up on account of the DISEASE gainfully employed, as At school or At home. Care who receive a definite saiary), may be entered as minc, etc. fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second statement. Never return "Laborer," "Forcman," Grocery; (a) Foreman, (b) Automobile factory. The It should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., ness of various pursuits can be known. The question tion is very important, so that the relative healthfui-Scrvant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not (a) Spinner, (b) Cotton mill; (a) Salesman, (b) essary to know (a) the kind of work and also (b) For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Farmer or Planter,

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

mus," "Old Age," "Shock," "Uraemia," "Weakness," scpsis, tctanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. childbirth or miscarriage, as "Purrereal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustion," (henia," "Anaemia" (merely symptomatic), "Atrophy," ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Potsoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably "Heart failure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convuisions," "Debility" ("Conmere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds., affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis Accidental drowning; Struck by railway train-accinant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ... is less definite; avoid use of "Tumor" for maile-The contributory (secondary or intercurrent) (Recommendations on statement of . (name origin; "Can-State cause for Examples:

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JUN 7 1915
BUREAU, V.S.

S. No. 1.

7

County Sarrest Co	STATE OF MARYLAND CERTIFICATE OF DEATH
VIIIage or City District (No. No.)	Registration Dist. No. 168 [If death occurred in a hospital or institution, give its NAME instead
2FULL NAME ROSella M	of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemal White Single, Married, Moower, Wisowers (Write the word)	(Month) (Day (Year)
Month) (Day (Year)	May 24, 1915, to May 29, 1915 that I last saw h W allve on May 29, 1915
TAGE (Month) (Day (Year) If LESS fhan 1 day,hrs. ORmin.?	and that desth occurred on the date stated above, at 4.5. 9 m. The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or House - work particular kind of work	Mal Regurgelation
(b) General nature of industry, business, or establishment in which employed (or employer)	(Ouration) 2 yrs. — mos. — ds.
State or country arrest Co, Marylan	Secondary (Buratian) wre
10 NAME OF H. a. Robinson	(Signed) Molwer M. Lane, M. D.
11 BIRTHPLACE OF FATHER (State or country) Maryland 12 MAIDEN NAME 12 MAIDEN NAME OF MOTHER OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causies, state (1) Means of Injury; and (2) whether Accidental Causing Death, or Hollental Causing Death, or
a Janny Wlocher	18 LENGTH OF RESIDENCE (FOR HOSPITALS INSTITUTIONS TO
13 BIRTHPLACE OF MOTHER (State or country) Mary Cand	Af place of death yrs, mos, ds. State yrs, mos, ds
(Informant) Leave To THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not af place of death?
to the same	USUAL PERIODE DATE OF BURIAL OR REMOVAL DATE OF BURIAL
16 may 31 Fled Front is 1913 Thomas a lorows	PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Trostburg and June 1 1915. 20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Baito., Requesting V. S. No. 1.

REGISTRAR



[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers additional line is provided for the latter statement; the nature of the business or industry, and therefore an applies to each and every person, irrespective of age. CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. should be taken to report specifically the occupations gainfully employed, as At schoot or At home. Care Housewife, Housework, or At Home, and children, not mine, etc. fication as Day taborer, Farm tuborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nee-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, c. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: been changed or given up on account of the disease of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as material worked on may form part of the second (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons (b) Cotton milt; (a) Salesman, (b) If the occupation has

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Fixamples: Cerebrospinat fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Cronp";) Typhoid fever (never report "Typhoid pnenmonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucsis of lungs, meninges, peritonaeum, etc., Carcin-

such, if impossible to determine definitely. Examples: childbirth or misearriage as "Puerperal septichaccause. Always qualify all diseases resulting from genital," "Senile," etc.), "Dropsy," thenia," "Anaemia" (merely symptomatic), "Atrophy," merc symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Meastes; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Can-LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mns," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopncumonia (secondary), 10 ds. Never report ample: Mcastes ture of the American Medical Association.) cause of death approved by Committee on Nomenelascpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., dent; Revotver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For vio-"Contributory." by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acciis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) (Recommendations on statement of (disease causing death), 29 ds.; "Exhaustion,"



PLACE OF DEATH	STATE OF MARYLAND
Gounty Garrett. 6632	CERTIFICATE OF DEATH
Village or City Oakland (No	St; Ward) [It death occorred le a hospital or institution give its NAME instead et streel and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Fernale Africe Single, Married, Wildowed, Wildowed, Wildowed, Wildowed, Write the word)	16 DATE OF DEATH More 10, 1915 (Month) (Day) (Year)
March 3/st. 19/5 (Month) (Day) (Year)	that I last aaw has alive on May 10, 1915
7 AGE If LESS than 1 day,hrs. ORmin. ?	snd that death occurred on the date stated above, at 9,45°P, m. The CAUSE OF DEATH* was as follows:
8 OCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of industry, business, or establishment in	Peule meights
which employed (or employer) BIRTHPLACE (State or country) Maryland. 10 NAME OF FATHER Willis & Martine	Contributory Columbia (Signed) (Signed) (Oberation) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed)
V 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs mos ds. Where was disease contracted,
(Interment) Millis S. Martin.	If not at place of death? Former or usual residence.
(Address) Cakland Md	DATE OF BURIAL OR REMOVAL DATE OF BURIAL May 20 UNDERTAKER ADDRESS
	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illheen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as minc, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But ln many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age ness of various pursults can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. Housewife, Housework, or At Home, and children, not For many occupations a single word or term on the (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," (b) Cotton mill; (a) Salcsman, (b) "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to the and causation), using always the same accepted term for the same disease. Examples: Ccrobrospinal fever (the only definite synonym is "Epidemic ceretrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid peumonia; Bronchopncumonia ("Tneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

genital," "Senile," etc.), "Dropsy," "Exhaustion, ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head of lnjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "PUERPERAL scptichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronio cer" is icss definite; avoid use of "Tumor" for maileoma. Sarcoma. etc., of ... The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can-State cause for Never report Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUREAU, V.S.

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	2 2	Co	ounty	arres	11.		
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		8 D	ATE OF BIRT	н	April	29	, 1915
A	fled				(Month)	(Day)	(Year)
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INK	supplied. AGE sl may be properly te.	(a) pai (b) bus	CCUPATION) Trade, profession rficular kind of w General nature c iness, or establ ich employed (or	orkof Industry, Ishment in	Infant		
UNFADING		9 BI	RTHPLACE tate or countr	(Y)	Ma		
WRITE PLAINLY, WITH UN	n of information should be of DEATH in plain terms, so See instructions on back of	M.	12 MAIDEN OF MOT	ACE HER HER HER ACE HER HOUNTRY	Cornesson Mar Mar Mar THE BEST O MON	y Fish	her LEDGE
>	Every Item CAUSE OF Important.	15	(Address).	aec	Eden!	Min	hten
	1	\ FI	lod . ////4/1.	1916	10000	VIIVI	IIIV

1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 164

.St.;.....Ward)

[If deeth occurred in a hospital or Institution, give its NAME instead ot street and number.]

	MEDICAL C	ERTIFICATE OF	DEATH	
16 DATE OF	DEATH	the.	10	
	••••••	Noug	12	, 1915.
	Lugany	(Month)	(Day)	(Year)
17	I HEREBY C	ERTIFY, That I	attended de	ceased fro
	191.	, to	**********************	191
hat I last sav	v h alive	on		[91
		the date stated	above, at	
he CAUSE	F DEATH* W	as as follows:	11-1	-
	112/21	onn 1	hough	
100	100 C	annho		
		*******************************		000100000000000000000000000000000000000
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Contribute (Secondar)	ory		000000000000000000000000000000000000000	************
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(Secondar)	ory	(Duration)	yrs	mos
(Secondar)	ory	(Duration)	yrs. Focal (1)	nos.
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(Secondary	2, 1915 (Add	(Duration)	Fral 1	egint
Signed)	2, 1915. (Addeduced to the Cause to the Caus	(Duration)	Fral (1) in deaths from (2) whether	16 Cf. m Violent r Acciden
(Secondary (Signed)	2, 1915 (Added to 1) MEANS AL, OF HOMICH	(Duration)	Fral (1) in deaths from (2) whether	16 Contraction of Accident
Signed)	2, 1915. (Addeduced to the Cause to the Caus	(Duration)	Fral (1) in deaths from (2) whether	16 Cf. m Violent r Acciden
Signed)	2, 1915 (Added to 1) MEANS AL, OF HOMICH	(Duration) (Pess) Ald Ing Death, or, of Injury; and old. (For Hospitals.	in deaths from (2) whether	M VIOLENT TRANSIENT
Signed)	2., 1915. (Addition of the contracted,	(Duration) (Pess) Ald Ing Death, or, of Injury; and old. (For Hospitals.	Fral (1) in deaths from (2) whether	M VIOLENT T ACCIDENT
Signed)	DISEASE CAUSE (1) MEANS AL, OF HOMICH PRESIDENCE RESIDENCE RESIDENCE MOS.	(Duration) (Pess) Ald Ing Death, or, of Injury; and old. (For Hospitals.	in deaths from (2) whether	M VIOLENT T ACCIDENT
Signed)	2., 1915. (Addition of the contracted, death?	(Duration) (Pess) Ald Ing Death, or, of Injury; and old. (For Hospitals.	in deaths from (2) whether	M VIOLENT TRANSIENT
Signed)	DISEASE CAUSE te (1) MEANS AL, OF HOMICIE RESIDENCE RESI	(FOR HOSPITALS. In the ds. State	In deaths from (2) whether	WIOLENT ACCIDENT TRANSIENT
(Secondary (Signed)	DISEASE CAUSE te (1) MEANS AL, OF HOMICIE RESIDENCE RESI	(Duration) (Pess) Ald Ing Death, or, of Injury; and old. (For Hospitals.	in deaths from (2) whether	WIOLENT ACCIDENT TRANSIENT
Signed)	DISEASE CAUSE te (1) MEANS AL, OF HOMICIE RESIDENCE RESI	(FOR HOSPITALS. In the ds. State	In deaths from (2) whether	WILL THANSIENT
Signed)	PARTIES CAUSE TO HOMICII OF RESIDENCE RESIDENCE RESIDENTS OF RESIDENTS OF RESIDENCE RESIDENTS OF	(FOR HOSPITALS. In the ds. State	In deaths from (2) whether	WIOLENT ACCIDENT TRANSIENT

If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto. Requesting V. S. No. 1.

REGISTRAR



[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at heginning of iiiof persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekcepers "Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; the nature of the husiness or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. should be taken to report specifically the occupations who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer—('oal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age ness of various pursuits can he known. The question tion is very important, so that the relative lealthfui-Housewife, Housework, or At Home, and children, not (a) Spinner, essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from husiness, that fact may be indl-Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salesman, (b) If the occupation has For persons

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid deumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skuil, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "TUERPERAL peritonitis," etc. childbirth or miscarriage. as "Purrental septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock." "Traemia," "Weakness," "Hart fallure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse." "Coma," "Convuisions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds. affection need not be stated unless important valvular heart disease; Chronic interstitial nephritis nant neopiasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for maigoma. Sarcoma. etc., of _ Bronchopneumonia (secondary), 10 ds. Never report The contributory Always qualify all diseases resulting from "Senile." etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (secondary or intercurrent) (name origin; "Can-State cause for Examples: For VIO



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DEATH

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PERMANENT

1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH County Registration Dist. No. I'lf death occurred is -Ward) a hospital or Institution, give its NAME instead of street and nomber.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE. DATE OF DEATH MARRIED, Marreres WIDOWED, (Month) (Dav (Year) ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) (Day (Year 7 AGE If LESS than and that death occurred on the date stated above, at 1 day,....hrs. OR min. ? 8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in (Duration) which employed (or employer) -----Contributory. 9 BIRTHPLACE (State or country) 10 NAME OF FATHER PARENTS 11 BIRTHPLACE . 191 ... (Address). OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) Where was disease contracted. If not at place of death?. Former or usual residence. 19 PLACE and BURIAL DATE OF BURIAL (Address) 15 20 UNDERTA DRESS REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations duties of the household only (not paid Housekeepers who have no occupation whatever, write None. cated thus: Scrvant, Cook, Housemaid, etc. of persons engaged in domestie service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, ete. fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an been ehanged or given up on account of the disease Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits ean be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons If the occupation has "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) *Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereulesis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) injury, as fracture of skull, and eonsequences (e. g., cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State eause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, aant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Candent; Revolver wound of head-homicide; Poisoned which surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. etc. The contributory (secondary or intercurrent) is less definite; avoid use of "Tumor" for malig-"Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of



Gounty Garrett, 6635			STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. / G >		
Village o	relty hran Ked	rnry, W.	Ridder. Ward)	[If death occorred a hospital or institution give its NAME lostes of street and number.]	
PE	RSONAL AND STATISTICA	L PARTICULARS	MEDICAL CERTIFICATE OF DE	ATH	
*sex Inala	COLOR OR RACE	SEINGLE, MARRIED, MIDOWED, WIDOWED, ORDIVORCED (Write the word)	(Month)	/7 (Day) , 191 (Year)	
DATE OF	July (Month)	10,184		/ 7 1915	
7 AGE		(Day) (Year) If LESS th 1 day,	and that death occurred on the date stated abov		
business, or i	ture of Indostry, establishment in I (or employer)	to) /	Contributory Congistion (Secondary)	Lungs	
OF (State	HPLACE FATHER or country) Yer	Riddn many.	(Signed) (Si	glon Mrg	
13 BIRT	HPLACE OTHER OF COUNTRY)	nowen,	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTE OF RECENT RESIDENTS) At place In the of death yrs, mos, ds. State yrs		
(Informant)	Essue R	Ridder	Where was disease contracted, If not at place of death? Former or usual residence		
(Addre	ss) Qak	land, ml.	Radhouse, ma	E OF BURIAL 79 1915	

[Approved by U. S. Census and American Public Health Association.]

cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. feation, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second statement. Never return "Laborer," "Foreman," (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Crocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. Scrvant, Cook, Housemaid, etc. If the occupation has Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the As examples:

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuderculosis of lungs, meninges, peritonacum, etc.. Carcin-

scpsis, tctanus) may be stated under the head such, if impossible to determine definitely. which surgical operation was undertaken. For viomia," "PUERPEBAL peritonitis," etc. childbirth or miscarriage, as "Purreral septichacmus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras genital," "Senile," etc.), "Dropsy," "Exhaustion, "Coliapse." "Coma," "Convuisions," "Deblity" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms) : Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mailg ture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as etc., when a definite disease can be ascertained as the mere symptoms or terminal conditions, such as "As Bronchopncumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.; oma. Sarcoma. etc., of .. "Contributory." The contributory. Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can-State cause for Never report Examples 0



P	RECO	PHYSIC ol OCC
MARGIN RESERVED FOR BINDING	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECO	N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSIC CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCC important. See instructions on back of certificate.
RESERV	UNFADING	carefully supplied that it may be certificate.
MARGIN	WRITE PLAINLY, WITH	tem of information should be OF DEATH in plain terms, so int. See instructions on back of
V. S. No. 1.		N. B.—Every I CAUSE Importa

1 PLA	CE OF DEATH	61	636	13	STATE OF M. CERTIFICATE Registration I	OF DEATH Dist. No. /67
Village or Cit	ULL NAME IMA	A A	Sulstantinia		st; Wai	[If death occurred in a hospital or tostitution, give its NAME instead of street and number.]
PERS	ONAL AND STATIST	CAL PARTICULA	RS		MEDICAL CERTIFICATE	OF DEATH
Female	4 COLOR OR RAGE	SSINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the WOI	ngle	16 DATE OF	(Month)	(Day (Year)
6 DATE OF BIR	Cof (Month)	2/		Men		May 16", 1913
7 AGE	3 yrs 0	mos 2 6 ds.	If LESS than f day,hrs. ORmin.?		th occurred on the date sta	
(a) Trade, professi parficular kind of (b) General nature business, or esta which employed (a) BIRTHPLACE (State or co	on, or work tof industry, bilishmenf in r employer)			Contribut	(Duration) .	yrs mos ds
10 NAME (OF O S	Ridder	Jul-	(Signed)	(Qutaflas) (Address) (Address)	Jornas M. D Clause Mese
OF FA	NAME ()	rett is	And.	TAL, SUICH	he Disease Causing Death, ate (1) Means of Injury; DAL, or Homicidal.	and (2) whether Acciden
13 BIRTHP OF MO	or country) le av	ull be	Ind.	At place of death	OF RESIDENCE (FOR HOSPIT, TRESIDENTS) In the state of th	18
14 THE ABOVE (Informant)——	IS TRUE TO THE BES	T OF MY KNOWL	EDGE	Former of usual residence		
(Addrass)		mat und	Dept.	19 PLACE O	House AKER	ADDRESS
> '	If more blanks		REGISTRAR ss State Regis	trar, 6 E. Fran	klin St., Balto., Requesting V	. S. Ko. 1.

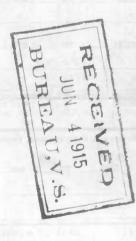


[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care duties of the honsehold only (not paid Housekeepers statement. Never return "Laborer," "Forcman," "Manager," "Dealer," etc., without more precise speciwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, c. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the As examples:

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerchrospinal fever (the only definite synonym is "Epidemic cere-brospinal meningitis"); Diphtheria (avoid use of "Croup";) 'Typhoid fever (never report "Typhoid deumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcists of lungs, meninges, peritonaeum, etc., Carcin-

injury, as fracture of skull, and consequences (e. g., ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for canse. Always qualify all diseases resulting from etc, when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Wcakness," mere symptoms or terminal conditions, such as "Asnant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: which surgical operation was undertaken. childbirth or miscarriage as "Puerperal septiehac-"Heart failnre," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopucumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Canis less definite; avoid use of "Tumor" for malig-The contributory Measics (disease causing death), 29 ds.; (Recommendations on statement of (secondary or Interenrent) "Exhaustion," For Vio-



PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH should ION Is Registered No. [It death occurred in ...Ward) a hospital or Institution. RECORD give its NAME instead of street and nomber. 1 CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 4 COLOR OR RACE MARRIED. WIOOWEO, (Month) Write the word) (Day) I HEREBY CERTIFY, That I attended decessed from 17 6 DATE OF BIRTH (Day) (Month) TAGE If LESS than and that death occurred on the date stated above, at 1 day,hrs. The CAUSE OF DEATH* was as follows: OR 7 BOCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of industry. business, or establishment lu which amployed (or employer) Contributory. BIRTHPLACE (Secondary) (State or country) 10 NAME OF FATHER 11 BIRTHPLACE terms. ARENT OF FATHER (State or country) State the DISEASE CAUSING DEATH of, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. plain OF MOTHER Instructions 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE = At place in the OF MOTHER (State or country) of death _____ yrs. ___ mos. ___ EATH State Where was disease contracted. If not at place of death?... A Former or OF Every Item CAUSE OF Important. usual residence DATE OF BURIAL (Address) 15 20 UNDER ADDRESS REGISTRAN If mere blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Fublic Health
Association.]

applies to each and every person, irrespective of age ness of various pursuits can be known. The question cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. Scrvant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. "Manager," "Dealer," etc., without more precise specistatement. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But ln many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative heaithful-Statement of occupation-Precise statement of occupa-Spinner, Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salcsman, (b) "Foreman,"

Statement of cause of death—Name, first, the dibease causing death—In with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosts of lungs, meninges, peritonaeum, etc.. Carcin-

"Contributory." scpsis, tetanus) may be stated under the head by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vicmia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Purprenal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," thenia," "Anaemia" (merely symptomatic), "Atrophy," ture of the American Medical Association.) cause of death approved by Committee on Nomencla: injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably "Heart failure," "Haemorrhage," "Inaultion," "Maras "Coliapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As ampie: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neopiasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mallgoma. Sarcoma. etc., of Bronchopncumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Aiways qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Can-State cause for Never report Examples:



N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH is plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very RECORD PERMANENT BINDING 4 UNFADING INK-THIS IS FOR RESERVED See instructions on back of certificate. WRITE PLAINLY, WITH MARGIN important.

No. ò

3

PLACE OF DEATH	STATE OF MARYLAND
Garre H	CERTIFICATE OF DEATH
Gounty	Registration Dist. No.
Village or City That From Church (No.	[It death occurred in
Village or City (No,	St.; Ward) a hospital or institution,
Co W. O.	when blues give its NAME instead of street and number.]
FULL NAME CLYOY OVER	V guarpus
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE,	18 DATE OF DEATH Man 10 V
MARRIED, WIDOWED, WILTANT	(Month) (Day) (Year)
Write the word)	17 I HEREBY CERTIFY, That I attended deceased from
DATE OF BIRTH	may 10,1915, to may 10, 1915,
PAV 31 1913	1, 1010,
(Month) (Day) (Year)	that I last saw h Min alive on 10, 1915
AGE It LESS than	and that death occurred on the date stated above, at 10,30 Pm.
/ yrs. 5 mos. 10 ds. 1 day, hrs. OR mln.?	The CAUSE OF DEATH * was as follows:
OCCUPATION	
(a) Trade, profession, or particular kind of work	I fromely mumma
(b) General nature of industry,	7
business, or establishment in which employed (or employer)	(Ouration) yrs. mos. 5 ds.
	Gontributory
(State or country) maryland	(Secondary)
10 NAME OF D	(Duration) yrs. mos. ds.
FATHER Birkley O. Sharklow	(Signed) C. fudson Willi, M. D.
11 BIRTHPLACE	May 1, 1915 (Address) Ritemille und,
OFFATHER (State or country) Manyland	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
12 MAIDEN NAME OF MOTHER	CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
of Mother Lily lough	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER MAN Caure	OR RECENT RESIDENTS) At place In the
(State or country)	of death yrs mos ds. State yrs mos ds
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
Interment & Judson Mille	Former or
11/2-11 4110	usual residence
(Address) / Ritmulle, lud	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
6 an al	mountgion may 12, 1915
Filed may 11, 1915 U & Barriell	20 UNDERTAKER ADDRESS
O HO REGISTRAR	Twne
If more blanks are needed, address State Regis trar, 6	E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of Illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal the nature of the business or industry; and therefore an cases, especially in industrial employments, it is necwho have no occupation whatever, write None been changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as minc, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salcsman, As examples: For persons (6)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to the primary affection with respect to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc.. Carcin-

ture of the American Medicai Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. by earbolic acid-probably suicide. The nature of the dent; Revolver round of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, which surgical operation was undertaken. For viomia," "TUERPEBAL pcritonitis," etc. State cause for childbirth or miscarriage, as "Turrerran septichaeetc., when a definite disease can be ascertained as the "Kart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis LENT DEATHS state MEANS OF INJURY and qualify as mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of Sarcoma. etc., of ______ (name origin; "Can ls less definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent) "Old Age," "Shock," 'Tracmla," "Weakness," Always qualify all diseases resulting from "Senlie." etc.), (Recommendations on statement of "Dropsy," "Exhaustion," death), 29 ds.: or as probably Examples:

If this certificate is looked over thoroughly and all questions an wered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUBEAU, V.S.

RECEIVED
IIIN 21915
BUTTE AULVIA

HYSICIANS statement of	PLACE OF DEATH 6039	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 167
TLY. P	Village or City Kun Con (No. No. No. No. No. No. No. No. No. No.	St.; Ward) [It death occurred in a hospital or institution, give its NAME instead of street and number.]
EXA	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
ated relass	4 COLOR OF RALES SINGLE, MARRIED, WIDDWED OR DIVORCED (Write the word)	16 DATE OF DEATH Pray 6, 1915 (Month) (Day) (Year)
hould be st be properly certificate	6 DATE OF BIRTH (Nonth). (Day) (Year)	that I last saw he alive on may 6 1915.
AGE shit may b	7 AGE 7 AGE 1 LESS than 1 day, hrs. OR min.?	and that death occurred on the date stated above, at 0.4 mm. The CAUSE OF DEATH * was as follows:
so that	(a) Trada protession, or particular kind of work (b) General nature of industry	
in terms,	business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or of bears)	Contributory Secondary
formation should be ca USEOFDEATH in plai Is very important. See	10 NAME OF FATHER DIGHTS 19 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	(Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (M. 0. (Address) (State the DISEASE CAUSING DEATH, or, in deaths from Violent
	12 MAIDEN NAME OF MOTHER OF MOTHER 13 BIRTHPLACE OF MOTHER (State or gounty)	CRUSES, state (1) MEANS OF INTURY, and (2) whether Accidental, SUICIDAL OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) Al piece In the
-AZ	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	of deeth yrs mos de Stets, yrs mos de Where was diseese contracted, if not at piece of death? Former or usual realdence
B.—Every item of should state (OCCUPATIO	15 Fled May 8", 1915 J. W. Hernathy	Javis W. Va, May 9 191.5
ż	If more blanks are needed, address State Registrar,	16 W Saratoga St., Batto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. write None business, that fact may be indicated thus: Farmer (retired or given up on account of the disease causing death, taken to report specifically the occupations of persons employed, as At school or At home. Care should be urife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Doy laborer, Farm laborer, Laborer mill; (a) Salesman, (b) Grocery; (o) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook "Foreman," "Manager," "Dealer," of the second statement. mobile factory. is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Plonter, Physi-For many occupations a single word or term on applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful--Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-Compositor, For persons who have no occupation whatever, The material worked on may form part Architect, Never return "Laborer," Locomotive engineer, etc., without more If retired from (b) Auto-Civil

spinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); fever (the only definite synonym is "Epidemic cerebrocausing death (the primary affection with respect to unqualified, is indefinite); Tuberculosis of lungs, menin-Lobor pneumonio, Statement of Cause of Death-Name, first, the DISEASE for the same disease. Examples: and causation), Bronchopneumonia using always the same accepted ("Pneumonia, Cerebrospinal

> under the head of "Contributory." mus, on statement of cause of death approved by Committee and consequences (e. g., sepsis, telonus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: state MEANS OF INJURY and qualify as ACCIDENTAL, etc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Maras-"Anaemia" (merely symptomatic), "Atrophy," lapse," "Coma," "Convulsions," "Debility" on Nomenclature of the American Medical Association.) Struck by railway troin-accident; Revolver wound of surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 de.; Bronrent) affection need not be stated unless important. nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of..... "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of or miscarriage "Old Age," "Shock," "Uracmia," "Weakness," Always qualify all diseases resulting from child-The contributory (secondary or intercuras "Publicharmia," corbolic ocid-probably State cause for which Never (Recommendations report mere ("Con-

the certificate is permanently filed. ence. All the data is essential and must be obtained before tions answered in detail, it will prevent further correspond-If this certificate is looked over thoroughly and all ques-



16

PLACE OF DEATH 0040	STATE OF MARYLAND
County Garrett	CERTIFICATE OF DEATH
914 11.1	Registered No.
Village or City Lock Lynn Regution	St; Ward) [It death occurred a hospital or institution give its NAME instead
* FULL NAME Julial line 1	usquice ef street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Devide White (Write the word)	18 DATE OF DEATH May 23, 1915 (Month) (Day) (Year)
GDATE OF BIRTH June 14, 1832	17 I HEREBY GERTIFY, That I attended deceased from 191, 191, 191, 191
7 AGE If LESS than	and that death occurred on the date stated above, at
O W yrs. / mos. / ds. OR. min.?	The CAUSE OF DEATH* was as follows:
a) Trade, profession, or particular kind of work. Source: **Trade, profession, or particular kind of work.** **Trade, profession, or profession, or particular kind of work.** **Trade, profession, or profession	
(b) General nature of industry, business, or establishment in which employed (or employer)	(Doration) yrs mos ds
SBIRTHPLACE (State or country) Green Country, Penna	(Secondary) (Secondary)
- wage -	(Signed) (Si
Z (State or country)	May 24, 1915 (Address) Oblaced M.
12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
OF MOTHER	18 LENGTH OF RESIDENCE (FOR HOSPITALS INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENCE) At place in the ot death yrs, mos, ds. State yrs, mos, ds.
14 THE ABOVE IS THUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place et death?
	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
1110	Carcland Mayry, 1915 20 UNDERTAKER B ADDRESS
2, T, REGISTRAR	2 16 Nolden Karland Ma

[Approved by U. S. Census and American Fublic Health
Association.]

cated thus: Farmer (retired 6 yrs.). For persons of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers material worked on may form part of the second statement. Never return "Laborer," "Foreman," essary to know (a) the kind of work and also (b) who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation bas gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. The It should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in Industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the As examples:

Statement of cause of death—Name, first, the disease causing death—In all each of the primary affection with respect to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic ceretrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosts of lungs, meninges, perstonaeum, etc.. Carcin-

sucb, if impossible to determine definitely. which surgical operation was undertaken. For viosepsis, tetanus) may be stated under the head of LENT DEATHS state MEANS OF INJURY and qualify as cause. Always qualify all diseases resulting from ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skuil, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train—acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Turrerral septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," "Heart fallure," "Haemorrhage," "Inaultion," "Maras. genital," "Senile," etc.), "Dropsy," "Exhaustion, "Collapse." "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of ... mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never repor The contributory (secondary or intercurrent) (Recommendations on statement of (name origin; "Can State cause for Examples:

